

Development Application

Case no.

Type of application									
Standard	Staff approval Hearing Examiner			Plan Revision Amend			ed Reapplication		
□ Rezoning □ Conditional Use Permit □ Variance □ Ordinance Amendment □ Preliminary Development Plan □ Interim Use Permit □ Comprehensive Plan Amendment □ Subdivision □ Final Development Plan □ Final Site and Building Plan □ Other									
Site location ■ Additional addresses on back ■ Legal description attached									
Property address 9056 Penn Avenu	e South, Bloomingt		Common	name					
Business addres	***************************************		POLICO ANTICE A AMPLICATION OF THE PROPERTY OF	t egiptelerinsk filologiciek (interesional) 344 Austria (interesional) and envelopment uncoloni		nezaminijani di Silano da Miliyata di Kilangsi ngi nga kasa na na na	111/7/2027/11/2021/07/10/10/10/202/202/202/202/202/202/202/20		
PIN 0802724410065					Plat name				
Proposal Full documentation must accompany application									
We intend to increase the grantity and quality of any particular to the second to increase the grantity and quality of any particular to the second to increase the grantity and quality of any particular to the second to the se									
We intend to increase the quantity and quality of our space in the same zone type. This relocation is only 367 feet away from our current location. We are consulting experienced architects and builders in the veterinary construction field									
		~ *	enenced ar	cnitects and	builders ii	n the vet	erinary co	onstruction i	ield
and we anticipate no impacts to other city codes.									
	Complei	e all applicable se	ections — S	elect only ONI	E person as	s primary	contact		
Complete all applicable sections — Select only ONE person as primary contact Fee property owner									
Primary Owner name per property title E-mail									
contact Additional owners on Back	VNY LLC, Venkatesh Babu			Marian Commission Comm			hai2venkat@gmail.com		
	Mailing address 6576 Carriage Way			City Corcoran Way			State Zip MN 55340		
	Business address			City			State Zip		
	Daytime phone Cell phone			FAX					
	Venkatesh Babu			I Senhoteth Gaa Owner			Worderlandscrippingscrippingscrippingscrippingscrippingscrippingscrippingscrippingscrippingscrippingscripping		
	Typed/printed name			7 Y Signature			Title		
User/occupant									
✓ Primary contact	Business name/name						E-mail rachel.jones@novavetclinic.com		
	Nova Veterinary Clinic PLLC, Rachel Jones Mailing address			City			State Zip		
	5824 Dupont Avenue South			Minneapolis			MN 55419		**************************************
	Business address 9021 Penn Avenue South			City Minneapolis			State MN	Zip 55431	
	Daytime phone Cell phone (952) 884-4353 (612) 961-			FAX			11111 33731		
	Rachel E. Jones		-		Aux	, DW	<u>O</u>	vner, DVM	PAROTON AND FARE COMM
MOTHER (1997)		ped/printed name		/2	Bignature		700	Title	
NOTE: Applications only accepted with ALL required support documents. See Instructions.			Received:	Shaded areas are for office use only Date By					
Deadline for agency action			Reviewed:	Date By PC CC HE				oleana anna dhallan kanaliya iyada ayada	
60 Days:	s: 120 Days			Fee paid:	Date	****	\$		
Planner				Admin.	Date		Ву	nerge-specialisterossystato en secundrada anticipalista en accionista antici	alando Herra e la la como de la c
- white and the state of the st	approval:	☐ Comm. Dev't Dir. ☐ Planning Div. Manager							
		☐ Other		Maji termening kanada kana					
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